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Bib Data Sheet

CONFIRMATION NO. 4715

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|
| SERIAL NUMBER 10/029,765 | FILING DATE 10/22/2001 RULE | CLASS 713 | GROUP ART UNIT 2131 | ATTORNEY DOCKET NO. 16319-05907 | |
| APPLICANTS William O'Donnell, Westford, MA; Daniel Wilks, Residence Not Provided; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/07/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MA | SHEETS DRAWING 5 | TOTAL CLAIMS 62 | INDEPENDENT CLAIMS 10 |
| ADDRESS 00758 | | | | | |
| TITLE Identification and authentication management | | | | | |
| FILING FEE RECEIVED 3034 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |